

A photograph showing four medical professionals (three men and one woman) in white lab coats, looking down and discussing something together. The text "NAVIGATING YOUR HEALTHCARE" is overlaid in white capital letters across the center of the image.

NAVIGATING YOUR HEALTHCARE

Arthritis can surprisingly affect every aspect of your life, and navigating the healthcare system on top of that can be daunting. However, with knowledge and education, you can feel more empowered to take charge of your arthritis and your treatment plan, which will help you to manage your disease better.

With your own arthritis treatment plan, you can develop a customized strategy that will help you manage your symptoms, deal with joint function and possibly prevent further joint damage. A good treatment plan will combine multiple approaches and will help you live a healthier life.

This learning section will provide you with information to help you better understand your treatment options, including:

- how the healthcare system works
- interacting with healthcare professionals
- how to get the most out of your medical appointments
- medications for arthritis
- funding your healthcare costs
- advocating for yourself

Your arthritis treatment plan may also include self-management techniques like:

- good nutrition
- physical activity
- heat and cold therapy
- meditation and mindfulness

You can explore these topics in depth in our other arthritis learning sections

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OUR CHANGING HEALTHCARE SYSTEM



Our healthcare system is under increasing strain. Canada's aging population means that there are more people who live with chronic conditions. Communities are experiencing a shortage of healthcare professionals, and the entire system is straining to make the most of limited resources. That's the bad news.

The good news? Detailed health information is no longer only accessible to healthcare professionals. Via the web we now have access to a wealth of research, information and educational materials. And no matter where we live, it's much easier to connect with others in similar circumstances, learn from each other, and share our experiences.

In the past, we were expected to play a passive role in our healthcare — our doctor prescribed treatment and we were expected to follow it — no questions asked.

Times have changed. Taking an active role in your treatment is the key to getting the best care. The Arthritis Patient Empowerment Approach places the patient at the centre of the decision-making process.

THE ARTHRITIS PATIENT EMPOWERMENT APPROACH

The Arthritis Patient Empowerment approach encourages you to:

1. Play an active role
2. Set and share your treatment goals
3. Develop a positive relationship with your treatment team
4. Educate yourself about your disease, the healthcare system and available treatments



Playing an Active Role

The key player on your treatment team is you. No one knows your body as well as you do. You have the **most demanding role in your care so it's important to pay attention to the signals your body is sending** and learn how best to respond to them. Learning everything you can about your disease can make all the difference when it comes to working closely with your treatment team. This can include learning about what arthritis is, how it can affect you, what role medications and other treatments play, how proper nutrition and exercise can help, and how to balance activities to help reduce fatigue.

The benefits of being informed and proactive in your care can include:

- **Greater personalization of your treatment plan to reflect your** unique goals and preferences
- Improved ability to track your progress
- Increased understanding of treatment options and strategies to manage your symptoms
- Improved communication with your treatment team, including sharing information around supplements or alternative approaches you may be considering, resulting in more effective care
- Increased understanding of the healthcare system, enabling you to navigate it and get the help you need

Reference: [Institute for Patient- and Family-Centered Care. \(2011\). Advancing the Practice of Patient- and Family-Centered Care in Primary Care and Other Ambulatory Settings: How to Get Started.](#)

Setting Treatment Goals

For now, there is no cure for arthritis, so treatment focuses on the best way to manage the disease and its symptoms. If your treatment team understands what your goals are, they will be able to help you tailor your treatment plan.

Some of your goals may be related to **day-to-day activities, like being able to walk your dog, or finding** a better balance between your work and social life. Other goals may **be related specifically to your symptoms, like experiencing fewer flare-ups**. Some goals may even be long-term, or life goals.

Members of your treatment team will also have goals for you. Your doctor will want to help you get better control of the disease process, while your physiotherapist may want to help you restore movement or gain strength.

Most people find it easier to stay motivated and on-track if they write goals down and track them over time. A written goal brings clarity and focus and may lead to new insights on what steps you can take. It can also keep you on the right track when you feel stressed, overwhelmed, or on the verge of a hasty decision.

Goal Tracker

Take a moment to think about your treatment goals — big and small. Make a list or use our printable Goal Tracker.

When you're finished, look at your list and consider which goals are the highest priority. You'll find it easier to make progress if you don't try to tackle all your goals at once. Put a star next to your top three, **but don't discard the others** — you can work towards them as you start achieving your top three.



Your symptoms and goals will change over time. Use the printable Goal Tracker to monitor your progress. Keep the Goal Tracker handy (maybe on your fridge door or bulletin board) to act as a reminder. https://arthritis.ca/getmedia/5da88bf7-36aa-4611-b123-a1388396bdd8/Arthritis-Goal-Tracker_ENG.pdf

Developing Positive Relationships with your Treatment Team

When you feel comfortable discussing all your health issues and challenges, sharing your treatment goals, and asking questions, you are more likely to get the guidance you need. You will also feel more **confident challenging your treatment healthcare team members. This could be necessary if a treatment** isn't working or you feel you aren't being heard.

Educating Yourself

The more you know about your specific form of arthritis, your treatment options, and the healthcare system, the more likely you are to be healthier and happier. The Arthritis Society is committed to helping you achieve your treatment goals by providing reliable, up-to-date disease information online and in your community via our community events and group programs. <https://www.arthritis.ca/get-involved/participate/find-an-event-near-you>

MAXIMIZING YOUR MEDICAL APPOINTMENTS



Think back to the last appointment you had with your doctor. Did **you feel satisfied when you left the appointment? Did all your questions get answered?** Is there anything you left out because you were too embarrassed shy, or nervous to ask?

We often have only a short time with the members of our treatment team, so preparing yourself for effective communication is key to getting the most out of your appointments.

*“Several weeks before I take my mother to her specialist appointment, we start making a list of her concerns. I also make sure the list of medications and treatments that she keeps in her wallet is up to date. We get to the appointment early so we have time for coffee and to talk about what we need to bring up to make sure Mom gets what she needs out of the visit. The doctor never rushes us but **sometimes the waiting room is so full people are standing. I don’t want to waste his time but he needs to hear what is making life difficult for my mom.**”*

Daughter of an 85-year-old with multiple chronic conditions including osteoarthritis

BEFORE YOUR APPOINTMENT



BEFORE THE APPOINTMENT

Being prepared is key to the success of any appointment. Here are **some steps to make sure you're ready.**

Review Roles

You may want to start by reviewing the exact role of the treatment team member you'll be seeing, this will help you focus your questions.

Prepare Yourself

There can be a lot of things to remember when getting ready for an appointment. Our printable [Healthcare Appointment Checklist](#) can help ensure that everyone has all the information they need to understand your condition and to make the best decisions for your treatment plan.



<http://arthritis.ca/AS/media/pdf/Support%20and%20Education/EN-appointment-checklist.pdf>

Things to Consider

Keeping all your healthcare information in one place can help you stay on top of things. Consider using a folder, binder or notebook to keep everything together. **Sometimes it can be difficult to remember** all the questions you've had since your last appointment, so keep a running list of questions as they arise.

If you feel like you'll need more time during an appointment, let the receptionist know when booking. Most physicians and other members of your treatment team have their own ways to accommodate longer appointments, but they will need to know in advance.

Do you want a family member or friend to accompany you to your appointment? This can be very helpful, as they can help you make sure nothing gets missed.

Make sure to have a pen and paper, or your smartphone, handy to take notes, or ask the person accompanying you to be the notetaker. You could also ask permission to record the conversation.

Track Your Symptoms

It's often hard to get a good sense of how you're doing over a period of time. If you're having a bad day, you're likely to remember the times you felt bad — and vice versa. Different activities can lead to different symptoms.



Our printable Daily Symptom Tracker is a helpful tool. Keeping track will help you effectively communicate the impact of your symptoms, and understand what contributes to making them worse or better. **Once you're familiar with the tracker it will only take a minute or two to fill out each day.** <http://arthritis.ca/AS/media/pdf/Support%20and%20Education/EN-daily-symptom-tracker.pdf>

Start the process of tracking your symptoms well in advance of your appointment — two weeks in advance, if you can. Or better yet, make a habit of keeping track every day. This can give you and your treatment team a better long-term perspective on how your symptoms may change over time. The tracker asks you to note the level of pain you feel at different times of the day, and to record the **day's activities and symptoms. A quick rating scale helps you measure your fatigue level, mood, stress,** amount of physical activity, how you ate, and how much social interaction you had. Before your appointment, review your sheets and identify any trends to share with your healthcare professional.

Of course, not every member of your treatment team will need all the information — a massage therapist might not need to know about your social life, for example. Keeping track will help you clarify **what's happening and focus on what you need from your appointment.**

Consider the Conversation

Your list of questions, daily symptom tracking sheets, goal tracker and appointment checklist are helpful tools to prepare for a conversation with your healthcare provider. <http://arthritis.ca/AS/media/pdf/Support%20and%20Education/EN-appointment-checklist.pdf>

While it's important that you are ready to provide as much detail as you can, we all know that appointments can be short and healthcare professionals have limited time to listen. When they ask "What brings you here today?" you want to be ready.

Review your materials and determine the most important issues. Try to sum them up in 30 seconds or less. This 30-second overview isn't everything you're going to address, but it can help determine the direction of your appointment.

An example of this is, "I've been experiencing more frequent flare ups since our last appointment. I want to explore what we can do to help with this."

Is It Your First Visit?

Your initial appointment with any healthcare professional is an important opportunity to tell the story of your illness, so be detailed. Rather than saying you have knee pain, explain when it started, what you **were doing and how it felt, and how it's changed**.

Getting the right diagnosis and the right treatment plan quickly is important. If you've been experiencing pain for six weeks or more, but haven't yet been diagnosed, try using our [Arthritis Symptom Checker](https://arthritis.ca/about-arthritis/signs-of-arthritis/symptom-checker/). <https://arthritis.ca/about-arthritis/signs-of-arthritis/symptom-checker/> It can provide your doctor with some of the information they need to make a diagnosis.

Once you **have your results from the Symptom Checker, you'll want to find out if you have arthritis and** if so, what type. Your treatment options will depend on the type of arthritis you have, or if your symptoms are caused by another condition. Being accurately diagnosed by your doctor and understanding that diagnosis are important aspects of your treatment planning.

SOME QUESTIONS TO CONSIDER

Whether it's your first or fifteenth appointment, here are some questions to consider asking your healthcare professional. Review these questions and use them when necessary.

What did the test result show?

Your specialists and sometimes your family doctor will order tests to rule out various conditions and to help make a diagnosis. Many forms of arthritis can be challenging to diagnose. Ask your doctor what your test results mean for you and your treatment plan. You can ask for a printed copy of any blood test results or imaging study reports, but you may be required to pay the costs of making these copies. Some labs will provide you with online reports from your tests.

When should I expect to notice improvement from my current treatment?

After diagnosis, your doctor will prescribe medication or recommend a treatment regimen. While every patient responds differently to treatment, your doctor will be able to give you an idea of what to expect. Some medications, such as those used to manage pain symptoms, act relatively quickly. Others are known to take longer to make a difference you can feel. This is especially true for certain medications designed to fight inflammatory arthritis, such as disease modifying anti-rheumatic drugs (DMARDs) and biologics.

Your doctor should be able to explain:

- the goal of your treatment;
- when to expect some positive results; and
- how long it might take to determine whether the treatment is a good fit for you

Traditional treatment for inflammatory forms of arthritis mainly involve oral, injectable (needle) or infusion/IV drugs. For severe osteoarthritis, your doctor may recommend surgery or a joint replacement.

If my current treatment doesn't work, what are my options?

If you are someone who likes to think **ahead, you may find comfort in knowing what comes next.** It allows you to mentally prepare. If you want to learn more about your patient journey, check out the Your Patient Journey section of our website. <https://www.arthritis.ca/treatment/your-patient-journey>

In addition to my prescribed medications, what should I be doing to help manage my arthritis?

Complementary or alternative treatments can help you manage your symptoms. Discuss these with your doctor to determine what approach might be best for you.

Lifestyle changes, (such as nutrition and weight management, exercise, physical or occupational therapy) and self-management tools (such as mindfulness, meditation, heat/cold, or assistive devices) can be useful components of your treatment plan.

Tap into your treatment team member's experience and ask for suggestions above and beyond medications. Be specific when you discuss what aspects of arthritis bother you the most and how it affects your ability to perform important daily activities.

What does my future hold?

Arthritis is a lifelong condition and you will notice changes periodically. Your doctor can help you to understand what to expect in the near and longer-term **future in terms of "flare-ups", control** of the disease and its progression, as well as possible future treatments.

DURING YOUR APPOINTMENT

Remember that each member of your treatment team is unique and has their own communication style; mutual respect will help you to be a more effective self-advocate.

Give the full story

When you are asked a question like “When did the pain start?”, don’t just say “a month ago.” Add that previously, you were feeling fine and able to be quite active, but now you can barely move, let alone exercise. Describe whether there was a trigger that led to the pain — were you working long hours? Exercising? Lifting something heavy?

Be honest

If there is some aspect of your treatment plan that you think will be hard for you to follow or that you're uncomfortable with, explain this to your treatment team member. They may be able to suggest other options. Never stop a treatment before discussing it with your treatment team member.

Don’t be afraid to speak up

Tell your **treatment team member what's on your mind, even when it is difficult or embarrassing.** This can be challenging, but the more your team members know, the more they can help you.

Know your options

Ask for all possible treatment options. It is rare for there to be just one. By simply asking, you are **reminding your treatment team to tailor treatment to your specific goals, needs and circumstances.** You may want to know how different medications will be administered, for example, whether by self-injection or as a pill, and how frequently they must be taken. Some medications might not be right for you depending on other health issues you may have or other medications you are taking.

Check to make sure you understand

Make sure you understand everything your treatment team **member has said. If you’re not sure, repeat back what they told you and ask them to confirm if you’ve understood correctly.** You can also ask your treatment team member to repeat the information, write it down or draw a diagram.

Partner with your treatment team

Let the members of your treatment team know that it’s important for you to be part of your treatment decision-making. Emphasize that you respect their expertise, but you want to understand their thinking when making recommendations. You know your body best. Let them know your expectations about treatment planning so they can clearly communicate what is possible.

AFTER YOUR APPOINTMENT



Your treatment team members keep records and you should too. Make sure to keep track of the following information. Use our printable Post-Appointment Record after each appointment to keep track of important information.

https://arthritis.ca/getmedia/6db21f97-18af-499d-937e-c55aa6842707/Post-Appointment_Record_ENG

Who did I see?

- Name
- Profession
- Contact information
- **Name of receptionist/office manager**
- Date of next appointment

What did I learn?

- Diagnosis: what is my medical condition?
- Prognosis: what is the likely course or outcome of my condition over time?
- Test results and next steps

Changes to Medications

- New dosage?
- Take it at a different time?
- If stopping a medication, do I stop immediately? Finish what I have? Taper off?

Take a list of all your medications to your appointment and mark any changes. Remember to ask for a prescription if needed and inform your pharmacist of any changes.

New Medications

- When to start?
- How is it administered? (oral, injection, etc.)
- How long will it take for the medication to have an effect?
- How long will I take it for?
- Are there any side effects or interactions to look out for?



Referral to another healthcare professional

Ask for a copy of the referral form. If it's not available ask:

- Name of healthcare professional
- Contact information
- Specialty
- Reason for referral
- Is it covered by my government insurance?

Referral for tests

Ask for a copy of the **referral form**. If it's not available ask:

- Name of test(s)
- **Will doctor's office make appointment, or will I?**
- **Office/lab number**
- Reason for test
- **How do I find out how to prepare?**
- **How/when will I be notified of results?**
- Is it covered by my government insurance?

Recommendations for things I can do myself

- What new action can I take, or what changes can I make to help manage my arthritis?
- Why is the change being recommended (for example, is a change in diet to help with weight loss or to avoid complications with medications?)
- Where can I look for help to make this change?
- Is **there anything I need to look out for?** (for example, an exercise class that is "arthritis friendly")

Call them back

Don't hesitate to call your treatment team member's office if you:

- feel worse,
- have more questions,
- have problems with your medication,
- have problems with other treatments,
- have not received your test results.

WHEN PROBLEMS ARISE



WHAT SHOULD I DO WHEN...?

In the course of your treatment you may find that a problem crops up that you're not sure how to deal with. Click the plus sign beside each title below to reveal what you might do in these situations.

What Do I Do If I'm Not Satisfied?

- You're not always going to be satisfied with everything you are told by members of your treatment team, so in these instances:
- Make sure you have provided all the information that you can to help with diagnosis and treatment planning, including information about your needs and treatment goals.
- Be clear with your treatment team. If something is not working or will not work for you, have an open, honest and respectful discussion about any misgivings you may have.
- Double-check that you are following the treatment plan as recommended by your team.
- Consider **connecting with a patient group in person or online to find support and solutions that meet your needs.**

How Do I Get a Second Opinion?

This is never easy, but if you are uncomfortable with the diagnosis or treatment plan recommended, get a second opinion. **If you have followed the steps above and remain unsatisfied, talk to your family doctor about being referred to another specialist.** Keep in mind that if you live in a smaller or under-served community, you may need to travel to another region for a second opinion.

What If I Have an Adverse Reaction to a Medication?

According to Health Canada, an adverse reaction is a harmful and unintended response to a health product, such as a medication.

These include:

- unintended effects
- health product abuse
- overdose
- interactions
- **unusual lack of therapeutic efficacy (the drug is not working as it is intended).**

A serious adverse reaction is one that

- requires in-patient hospitalization or prolongation of existing hospitalization;
- causes congenital malformation;
- results in **persistent or significant disability or incapacity**;
- is life-threatening or results in death.

Adverse reactions that require significant medical intervention to prevent one of these listed outcomes are also considered to be serious.

Which Adverse Reactions Should Be Reported?

All suspected adverse reactions should be reported, especially those that are:

- unexpected, regardless of their severity, i.e., not consistent with product information or labeling;
- serious, whether expected or not;
- **results in persistent or significant disability or incapacity**;
- **reactions to recently marketed health products (on the market for less than five years)**, regardless of their nature or severity.

http://www.caddac.ca/cms/CADDAC_pdf/HCAverseReactionForm.pdf

How Do I Report an Adverse Reaction?

Adverse reactions and side effects should be reported to the Health Canada's Canada Vigilance Program. You can:

- Call them at 1-866-234-2345
- Report online <https://hpr-rps.hres.ca/static/content/form-formule.php?lang=en>
- Print and complete a report and either fax it to 1-866-678-6789, or mail it to:

Canada Vigilance Program

Marketed Health Products Directorate Health Canada

Address locator 1908C Ottawa ON K1A 0K9

<https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada/adverse-reaction-reporting/consumer-side-effect-reporting-form.html>

For more information, visit the Health Canada website. <https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada/adverse-reaction-reporting.html>

What If I Have a Serious Concern About a Member of My Treatment Team?

At some point during the course of treatment, you may have a concern about one of your healthcare professionals.

Often difficulties arise when communication is not clear, so it's best to start by explaining your concerns to the professional in question. Call their office and ask for time to meet and discuss your concerns. If it is too uncomfortable or inappropriate for you to present your concerns in-person, you can write a letter or ask to speak to the clinic manager or the supervisor.

In order to get the best results, present your concerns factually and respectfully.

You may come to a resolution and there will be no need to take it any further. If you are not **satisfied** with the resolution, there are other approaches you can take.

Since most members of your treatment team are members of either a regulatory or certifying body, there is a formal complaint process you can follow.

Contact the appropriate organization for details. For example, your family doctor will have **documentation that certifies them as a member of the College of Family Physicians of Canada.** One responsibility of the College is to respond to concerns and to investigate complaints from members of the public about doctors licensed to practice medicine.

"I am a registered nurse and sought out the best care. Especially with my two knee replacements. I would have been in a wheelchair and unable to work without this surgery. I had little rehabilitation after my first surgery and was off work for 3 months. After the second surgery I went to a rehab hospital and was working the next week. The best care should be available to all."

Susan, person with osteoarthritis

THE ARTHRITIS PATIENT CHARTER OF RIGHTS AND RESPONSIBILITIES



The Canadian Arthritis Patient Alliance (CAPA), a valued partner of the Arthritis Society, has developed an Arthritis Patient Charter. Below is a brief summary.

People with arthritis have the right to:

- Be treated with dignity, respect and consideration.
- A timely and accurate diagnosis.
- Timely access to all types of high-quality care.
- Readily available current information, education and support programs about arthritis and evidence-based arthritis care.
- Be informed and participate with their healthcare providers in all treatment decisions.
- Equal public reimbursement and timely access to available medication and non-medication treatments.
- Live their lives fully without discrimination.
- **See that research is underway to find a cure and improve quality of life.**
- Be included in the development of health policies and programs that affect them.

People with arthritis have a responsibility to:

- Learn about arthritis and arthritis care.
- Live a healthy lifestyle and speak openly with their healthcare providers.
- Ask questions and follow the agreed upon course of treatment.

PRIMARY CARE

Having arthritis isn't easy. While you are the central player in your treatment, you are not alone. Take advantage of the help, advice, expertise and experience of the members of your treatment team.

Read more to learn about the different types of healthcare professionals you might encounter, their distinct roles, and some of the challenges they might face.

PRIMARY CARE

It was likely your family doctor, general practitioner (GP) or nurse practitioner that first suspected or diagnosed your arthritis. Primary care is usually the first point of contact with the healthcare system. You may have treatment needs that require the services of different healthcare professionals, but the place to start is with primary care.



Primary care can be delivered by:

- a general practitioner (GP)
- a family doctor (family doctors are qualified to practise general medicine and have additional training in the specialty of family medicine, as well as a clearly defined focus on comprehensive, continuous care of their patients)
- a nurse practitioner in private or team practice, hospital clinic or community health unit

Primary care services focus on:

- illness and injury prevention
- health promotion
- individual health assessments
- diagnosis and treatment of episodic and chronic conditions
- supportive rehabilitative care

The [Arthritis Patient Empowerment Approach and Getting The Most Out of Your Appointments](#) discuss ways to create a good relationship with your doctor. Ideally this will be a long-term relationship, so select your primary care physician with care, then stick with **them so you can get the benefit of a doctor** who knows your **medical history and life circumstances well**. **If you don't have a family doctor, check out our [Access to Primary Care Guide](#) to find a family doctor accepting new patients in your region.** <http://www.arthritis.ca/support-education/navigating-through-arthritis/access-to-primary-care>

THE CHALLENGES FACED BY PRIMARY CARE PHYSICIANS

Primary Care Physicians have a tough job. They do (almost) everything.

Accurately diagnosing illnesses is one of the most difficult aspects of any physician's work, but it's especially difficult for GPs and family doctors. While specialists need to remain current in one branch of medicine, GPs and family doctors must keep up to date in every medical field. On any single day, a family doctor or GP may see patients of all ages with conditions related to the heart, chest, kidney, skin, or mental health, for example.

In fact, family doctors and GPs provide an astonishing array of services. They can:

- examine you and take your medical history order lab work, x-rays and other tests
- consult other medical practitioners to evaluate your physical and mental health
- prescribe and administer medications and treatments perform or assist in routine surgery
- provide emergency care provide acute care management inoculate and vaccinate
- deliver babies and provide pre-natal and post-natal care
- advise you on health promotion and the prevention of disease, illness and accidents
- provide counselling and support to you and your family on a wide range of mental and physical health and lifestyle issues
- advocate on your behalf – for example, in special cases a doctor may write a letter to the government requesting the funding of a treatment not usually covered
- **coordinate or manage your primary care by keeping your file up-** to-date and consolidating all tests and reports from other healthcare providers
- provide continuous care supervise home-care services
- report births, deaths, and contagious and other diseases to governmental authorities

Source: [Human Resources and Skills Development Canada](#)

Diagnosis is difficult

There are over 100 different types of arthritis. Apart from osteoarthritis, most types are relatively rare, so your GP or family doctor may have never seen a previous case or may not have seen one in years. In these situations, it is even more important for you to be an active member of your treatment team by tracking and sharing information about your symptoms. It may take several tests and referrals to other specialists before a diagnosis is made and the right treatment started. GPs have to know about a lot of health conditions, so they cannot maintain the same level of knowledge on any one disease as a **specialist can. Your primary care physician can't know everything, but they will know where to find answers.**

Time Pressure

As you may know, GPs and family doctors operate under considerable time constraints and have lots of patients. They also have to **fit in emergency appointments and give** ample time to patients with complex problems or who are in crisis. The information in Getting The Most Out of Your Appointments will help you make the most of your appointment.



Regulatory Constraints

Doctors are licensed professionals who must follow guidelines and regulations of which you may not be aware. Following established standards can put limits on them. Knowing the role of each healthcare professional before your appointment can help set your expectations for how they can help you.

In fact, almost all the members of your treatment team will be members of either a regulatory or certifying body. Researching these organizations will help you to understand the guidelines and principles that your treatment team member must follow, and help you set the right expectations.

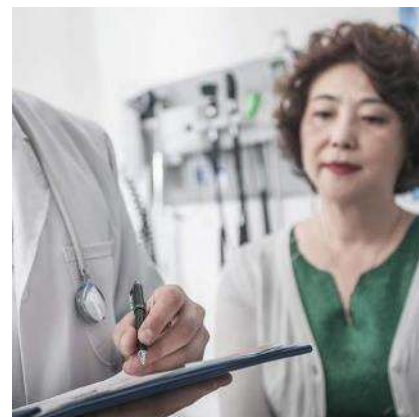
For more information about what is available in your region, visit our Access to Primary Care page. <https://www.arthritis.ca/support-education/navigating-through-arthritis/access-to-primary-care>

Discuss what to do when it's urgent

Long-term conditions like arthritis can suddenly become unstable and need close monitoring. It's a good idea to discuss with your doctor what you should do if you need an urgent appointment, rather than using a walk-in clinic or hospital Emergency Department.

What types of medication can my doctor prescribe?

Family doctors and GPs can prescribe medications to deal with a broad range of health issues from anxiety to an infection. In addition to simple pain medications, they can prescribe non-steroidal anti-inflammatory drugs (NSAIDs), medical cannabis or sometimes opioids. They usually don't prescribe the specialized medications that treat different forms of arthritis, like Disease-Modifying Anti-Rheumatic Drugs (DMARDs) or biologic drugs. Usually it's a rheumatologist who prescribes these drugs and monitors a patient on them.



Who can GPs refer me to?

GPs excel at getting you the right referral. They often act as a gatekeeper to other medical professionals like rheumatologists, dermatologists or orthopaedic surgeons. They can also refer you to the following services:

- **exercise programs to maintain fitness** and general health
- occupational therapy to help with daily living and functionality
- psychological services to help optimize coping strategies and living well
- **physiotherapy for specific musculoskeletal problems**
- other doctors, including for second opinions

Source: Arthritis Research UK: <https://www.arthritisresearchuk.org/arthritis-information/the-rheumatology-team/general-practitioner.aspx>

“I respect my family physician, but I know he’s always stretched for time. And even though he’s very knowledgeable, he can’t know everything. I conducted a lot of my own research. I went to see a physiotherapist, spoke to the local pharmacist, spoke to others with similar pain, and did online research. When I had my appointment with my family physician, I presented him with detailed information about my symptoms, what I had learned from talking to others, and the steps that I had already taken toward treatment. The information I provided helped him to better understand my **situation.”**

Richard, person with osteoarthritis, 50 years old

OTHER MEMBERS OF YOUR TEAM

OTHER MEMBERS OF YOUR TREATMENT TEAM

Let's explore the other types of healthcare professionals you may encounter and the roles they play. The services provided by some of them are covered for all Canadians as part of the *Canada Health Act*, while others are only covered by certain provincial or territorial health plans, or under employer or private insurance plans. Check with your family doctor or GP before you make an appointment — they can help identify what you are covered for. In some cases, a referral from your doctor may be required to get reimbursed for some services. Our Funding Your Healthcare section provides more information about the various funding options for arthritis treatment and medications.



1. Nurse Practitioner (NP)

Nurse practitioners have advanced university-level training in **their field. They diagnose and treat illnesses, order tests and** prescribe medications. In addition, they teach individuals and their families about healthy living, preventing diseases and managing illnesses.



NPs provide direct care to people of all ages, **families, groups and communities. You will find them** in many healthcare settings:

- community care (community clinics, health-care centres, doctors' offices, and in patients' homes providing a wide range of services, including end-of-life care)
- long-term care (nursing homes)
- hospitals (outpatient clinics, emergency rooms and other patient areas)
- nurse practitioner-led clinics

Nurse practitioners work collaboratively with other healthcare providers rather than replacing them. They act as part of a team alongside doctors, social workers and others to provide care. If you see a NP, you will still be able to see your family doctor and other healthcare providers. Nurse practitioners can legally work in every province and territory, but the largest concentration is in Ontario.

Source: Canadian Nurse Practitioners: <https://www.npnow.com/>

2. Rheumatologist

Osteoarthritis (OA) can usually be managed effectively by your GP or family doctor — with your active involvement, of course! **But if your form of OA is difficult to manage or you have a form of inflammatory arthritis like rheumatoid arthritis or lupus, your doctor may refer you to a rheumatologist. A rheumatologist normally will diagnose inflammatory forms of arthritis.**



In Canada, rheumatologists are specialists who have trained at universities with Arthritis Centres, formerly known as Rheumatic Disease Units or RDUs. The purpose of an Arthritis Centre is to provide exemplary care and teaching while maintaining an active research role. The Arthritis Society helped establish the RDU network in the 1950s to encourage a multidisciplinary approach that both works toward solving the problems of rheumatic illnesses and ensures the highest-quality care for people with arthritis.

Many rheumatologists work primarily in hospital rheumatology clinics, while others are based in **the community and are affiliated with local hospitals.**

To find a rheumatologist in your area, visit our Access to Primary Care webpage. Please note that to see a rheumatologist, you will need a referral from your family doctor.

<https://www.arthritis.ca/support-education/navigating-through-arthritis/access-to-primary-care>

3. Orthopaedic Surgeon

Treatment of almost all forms of arthritis begins with what are known as conservative strategies. These include medication, rest, exercise, physiotherapy, and perhaps **assistive devices and modified activity-** planning. Most people with arthritis do not require surgery. However, in some rheumatic conditions, particularly osteoarthritis, damage to bone and cartilage requires surgical repair. This can range from cleaning up bone and cartilage debris in a joint capsule, to complete joint replacement.



If you, your family doctor and rheumatologist agree that your general health and particular **condition might benefit from surgery**, you'll be referred to an orthopaedic surgeon. They are trained in the surgical prevention and correction of disorders that involve the bones, joints and

muscles, as well as other soft tissues like ligaments and cartilage.

NOTE: Seeing an orthopaedic surgeon does not mean you will need surgery. The surgeon may recommend that you continue with a more conservative treatment strategy for the time being and **reassess you at a later date. Surgery isn't necessarily a last resort; it can be just one part of your** overall treatment plan. For some people — with severe osteoarthritis of the hip, for example — surgery may even be recommended at a relatively early age as the most effective way to reduce your pain and restore mobility. For more information, visit the Surgery section of our website. <https://www.arthritis.ca/treatment/surgery>

Not all surgery is done by an orthopaedic surgeon. Some specialized procedures are performed by doctors trained in other areas, including neurologists (who specialize in the nervous system), plastic surgeons (who treat skin and other soft tissue disorders), and ophthalmologists (who deal with problems concerning the eyes).

4. Internist

An internist (or internal medicine specialist) is a doctor who is trained in the diagnosis and treatment of a range of diseases in adults involving all organ systems. They are skilled in the medical management of patients who have multiple chronic diseases.



In Canada, internists must complete **four or five more years of training after completing medical school.**

Internists **practice in hospital or office settings. They provide a link between family doctors and** specialists who provide care related to a single body system. In the case of arthritis, this would likely be a rheumatologist. In many cases, the specialist reports back to the internist, who is **responsible for treatment until the patient's illness is stabilized and the patient returns to the care** of the family doctor.

In large cities, where specialist access is greater, consultation with an internist may be bypassed at the request of the patient or the family doctor. In rural areas where access to a specialist may be limited, an internist would advise other members of your treatment team as to whether a consultation with a specialist is needed. Internists that work in some remote or rural areas may have taken additional training in rheumatology and may be able to manage most forms of arthritis.

Sources: BC Medical Journal, [The Royal College of Physicians and Surgeons](http://www.royalcollege.ca/): <http://www.royalcollege.ca/>

5. Dermatologist

You might be **surprised to find dermatologists on the list of** people who may be involved in treating arthritis. However, moderate to severe psoriasis can be linked to psoriatic arthritis.

In fact, changes to the skin are often the first sign to many people that they have psoriatic arthritis.



A dermatologist is a medical specialist who has earned a medical degree and then completed an **intensive five-year** program of advanced medical and surgical training in the prevention, recognition and treatment of diseases of the skin, hair and nails. Dermatologists have the clinical skills, technical skills and knowledge to help treat disorders such as skin cancer, eczema and psoriasis.

Source: Canadian Dermatology Association: <https://dermatology.ca/public-patients/about-dermatology/what-is-a-dermatologist/>

6. Advanced Practice Arthritis Therapist (APAT)

These healthcare professionals provide advanced musculoskeletal (MSK)/arthritis care. They are physical or occupational therapists who have received specialized training in order to screen for arthritis, educate about the condition and help with arthritis management.

APATs work in rheumatology clinics and are a core component of the Arthritis Rehabilitation and Education Program (AREP) offered in Ontario by the Arthritis Society.

<https://www.arthritis.ca/support-education/support-in-your-community/arthritis-rehabilitation-and-education-program>



7. Occupational Therapist

Even mild forms of arthritis can cause issues with your day-to-day activities. If you have a more severe form of the disease you may struggle with almost every aspect of your life — from dressing, bathing and grooming to household chores, meal preparation, shopping and going to work.



An Occupational Therapist (OT) trained in arthritis management can analyze everything you do in a day and develop a program to help you protect your joints and minimize fatigue. They can help you redesign your home or workplace to make it easier for you to work or simply get around. They

can also make or recommend a number of different splints, braces, orthopaedic shoes and other aids that could help reduce your pain and increase your mobility and **functionality**. An OT's goal is to use assistive devices and adaptive strategies to help you reclaim as much of your life as possible.

8. Physiotherapist

Physiotherapists (PTs) who specialize in arthritis are trained to do a full assessment of your physical abilities. During a detailed examination of all your joints' function they will assess both your healthy and **arthritic joints for...**

- pain or discomfort
- strength
- **flexibility**
- range of motion



Your PT can develop a personalized program designed to help you increase your strength, **flexibility, range of motion**, general mobility, and exercise tolerance through a wide variety of therapeutic treatments and strategies. These include prescribing exercise, physical interventions and relaxation techniques. They can also advise you on other techniques for reducing pain and increasing your overall quality of life. PTs can also refer you to other health professionals and community services to help you adapt to your changing circumstances.

9. Social Worker

A Social Worker's **focus is on your quality of life, which can** sometimes be compromised by disease. Social workers **can play two roles in your healthcare. The first involves** helping you to get the services you require from government departments, outside agencies and **organizations that provide benefits** – things like health insurance, pension plans or home support. This could also **include offering advice on job retraining, financial problems or finding appropriate housing.**



The second role social workers play is to provide help with social, emotional, and mental health issues. They can help in addressing depression and anger related to your symptoms, assisting **family members, and helping to find meaningful activities to replace any you are no longer able to** do because of arthritis.

Many people experience a period of mourning after being diagnosed with a chronic illness such as arthritis. It's perfectly natural to go through an emotional cycle of denial, anger, depression and withdrawal from everyday activities. Your life has changed and can seem out of your control. Social workers can help you come to terms with these feelings and gradually accept your diagnosis. Ask for a referral to a counsellor from your doctor or other health professional.

A note about the various professionals who deal with mental health: Social Workers, Psychiatrists, Psychologists, Therapists and Counsellors

Social workers are trained to provide clinical, face-to-face counselling. A psychologist with a Master's degree or Ph.D. is authorized to administer and interpret most kinds of psychometric tests — such as intelligence (IQ) tests or certain measures of personality — which social workers are not allowed to do. A psychiatrist is a doctor who has completed an additional four years of residency in psychiatry. Psychiatrists can prescribe medication and are more likely to be covered by your **public health plan. It's important to note that anyone** — whether they have formal training or not — can call themselves a therapist or counsellor and provide counselling services.

For more information about mental health and arthritis, see Mental Health and Well-being. <https://arthritis.ca/support-education/online-learning/mental-health-and-well-being>

10. Pharmacists

Pharmacists are often-overlooked members of your treatment team, but they can be a valuable resource. If **you find a pharmacist that you like and trust, and who has sound knowledge of arthritis, stick with them.** That way, they can keep a complete record of all the prescriptions **you've had filled** and can tell right away if there are possible drug interactions and side effects.



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If you're experiencing troubling side effects from your medication and your doctor isn't available, check with your pharmacist. They should be able to tell you whether you require immediate medical attention or if it's safe and appropriate to reduce your dosage. Either way, be sure to report the event the next time you talk to your doctor.

11. Dietitian

Living with arthritis can raise issues about your diet. For example:

- Some foods can interact badly with medications
- You may have problems with your weight — keeping it down or keeping it up
- You may have trouble preparing food and shopping for groceries



Registered dietitians can help provide information on diet, vitamins, food and nutrition, and they can help you make food choices to achieve your health goals.

Keep in mind that anyone can call themselves a nutritionist, whether they have any special training or not. A registered dietitian has a four- year university degree in nutrition and dietetics, an internship or master's degree, and registration with their respective provincial College of Dietitians. They **must also fulfill continuing education requirements to keep pace with the changes in the field. So, be mindful of where you get your advice.**

12. Chiropractors

Chiropractors are trained in the prevention, assessment, diagnosis and management of musculoskeletal (MSK) conditions and the associated neurological system. They can recommend a course of treatment to help relieve pain and improve function with the use of manipulation, mobilization, soft tissue therapy, exercise, education, therapeutic modalities like ultrasound or lasers, and rehabilitation. Chiropractors are also trained to recommend injury prevention strategies.



Source: Canadian Chiropractic Association: <https://www.chiropractic.ca/about-chiropractic/how-our-experts-can-help/>

13. Registered Massage Therapists

Massage therapists can treat both acute and chronic conditions. They work with a variety of patients, of all ages, in the treatment of illness, injury rehabilitation and disability.



Massage therapists use their knowledge of physiology and anatomy to combine traditional Swedish and modern massage therapy techniques with other therapies to treat their clients. A registered massage therapist (RMT) has completed a two- or three- year program at a recognized massage therapy school.

Massage therapy is regulated in four provinces (British Columbia, Ontario, New Brunswick and Newfoundland) and all RMTs are registered with the College of Massage Therapists in one of those provinces. In the other provinces, RMTs are registered with an association and must follow its standards of practice.

Some places offer both therapeutic and non-therapeutic massages (provided by people other than RMTs), so make sure when you book that **you know what you're getting**. Most private insurers will only cover RMT services. Source: Registered Massage Therapists' Association of Ontario: https://secure.rmtao.com/massage_therapy/the_benefits_of_mt

Healthcare appointments for something other than arthritis

When visiting a healthcare professional for another reason, make **sure they're aware of your arthritis, other health** conditions and any medications you are taking. Even if it's a dental procedure, disclose this information (particularly if you've had or are planning to have a joint replacement, in order to minimize the risk of infection). If you are planning to get pregnant and are taking a medication to treat arthritis (like a DMARD or biologic), it is vital your healthcare



professional is aware. The same thing applies when getting vaccinations. In short, it's always a good idea to make sure any new healthcare provider knows about your arthritis and your treatment plan.

MEDICATION OVERVIEW



Medication can play an important part in your treatment plan but understanding the options available to manage your arthritis and its symptoms can be daunting. In this section, we break it down for you so **it's** easier to make sense of what medications are available.

There are three main categories of arthritis medications. The first two manage the symptoms of arthritis — medications that help manage pain, and anti-inflammatory medications. The third category treats the disease itself.

The information in this section has been adapted from The Arthritis Society's **Medication Reference Guide**. For more information, refer to the Medications section of our website.

<https://www.arthritis.ca/treatment/medication/medication-reference-guide>

“This is a very exciting time in the treatment of arthritis. We now know that for the best long-term health as well as prevention of bone and joint damage, inflammatory arthritis, such as rheumatoid arthritis, needs to be treated early and aggressively.

Think of arthritis like a fire in the joints. Imagine there was a fire in your kitchen. If you left it burning, it would eventually destroy the kitchen and likely spread to other rooms in the house. The same is true for rheumatoid arthritis. If you leave the fire of arthritis burning, it will eventually damage the bones and cartilage.

The idea is to get the fire out as quickly as possible to prevent the joints from becoming damaged. Again, if your kitchen was on fire, it might take two or three fire trucks with their hoses to put the fire out. The same is true for arthritis. It might take two or three different medications to put the fire out. With this new approach to arthritis, we are helping more and more people lead normal, active lives for years to come.”

Dr. Andy Thomson, MD FRCP

PAIN MANAGEMENT MEDICATIONS

There are both non-prescription and prescription medications available to treat pain.

Non- Prescription

Sometimes called over-the-counter (OTC) medicines, these do not require a prescription from your doctor and include acetaminophen (e.g., Tylenol[®], Tylenol Arthritis[®]), ibuprofen (e.g., Motrin[®] or Advil[®]), naproxen (Aleve[®]) and acetylsalicylic acid (ASA) (e.g., Aspirin[®], Entrophen[®], Anacin[®], Novasen[®], etc.).

Ibuprofen, naproxen and ASA belong to the group of medications called non-steroidal anti-inflammatory drugs (NSAIDs). **Diclofenac gel (Voltaren Emulgel[®]) is an NSAID, available over the counter, which can be applied topically to the skin to help relieve pain.**

There are a number of other OTC creams and rubs available to help with arthritis pain. Some of these products contain salicylate as the active ingredient, whereas others contain capsaicin, (naturally found in hot peppers) camphor or menthol. Some are meant to treat osteoarthritis, while others are meant to **treat inflammatory arthritis.**

Remember to speak with your doctor or pharmacist before starting any over-the-counter oral or topical NSAIDs. They can cause stomach problems like ulcers, and the side-effects may include indigestion, nausea, stomach cramps and heartburn. More detailed information on NSAIDs can be found in The Arthritis Society Medications Guide. More information on Non-Prescription Medications to treat pain can be found here. [https://www.arthritis.ca/treatment/medication/medication-reference-guide/medications/non-steroidal-anti-inflammatory-drugs-\(nsaids\)](https://www.arthritis.ca/treatment/medication/medication-reference-guide/medications/non-steroidal-anti-inflammatory-drugs-(nsaids))

Prescription

These are used when over-the-counter medications are not strong enough to treat the pain caused by arthritis. In this case, your treatment team member, usually your doctor, may recommend other prescription medications, such as tramadol, an opioid, or duloxetine.

<https://www.arthritis.ca/treatment/pain-management/medications-to-manage-arthritis-pain>

ANTI-INFLAMMATORY MEDICATIONS

NSAIDS

These are a class of medication used to treat the pain and inflammation of arthritis. As the name suggests, they do not contain steroids. There are more than 20 NSAIDs currently available, some without a prescription, such as acetylsalicylic acid (ASA) (e.g., Aspirin®, Entrophen®, Novasen®), ibuprofen (e.g., Motrin® or Advil®) and naproxen (Aleve®).

A COXIB (i.e., celecoxib (Celebrex®)) is an NSAID that has been custom-designed to minimize the risk of stomach ulcers. Although COXIBs are safer on the stomach, they still have all of the other side effects of NSAIDs and may still cause indigestion, nausea, stomach cramps and heartburn. NSAIDs and COXIBs are meant to treat both osteoarthritis and inflammatory arthritis.

Corticosteroids

Cortisol is a hormone produced naturally by the body's adrenal glands. It has many functions, including acting as an anti-inflammatory, but our bodies cannot produce enough cortisol to meet the challenge of inflammatory arthritis. Corticosteroids such as prednisone mimic the anti-inflammatory action of cortisol in our bodies and help to relieve pain and swelling. Corticosteroids are commonly referred to as steroids. Steroids are very effective at reducing inflammation, but a major limitation to their long-term use is adverse effects.

Viscosupplementations

This is a procedure that involves the injection of a clear gel-like substance called hyaluronan into the joint for the treatment of osteoarthritis (OA). Hyaluronan is an important part of the synovial fluid (a thick liquid that lubricates the joint) and cartilage. Injecting it is thought to lubricate the joint, reduce pain and allow greater movement.

These injections may provide short term (up to 26 weeks) benefits in mild to moderate osteoarthritis (OA) of the knee when first line agents have failed or are not tolerated. Evidence to support use of viscosupplementation for osteoarthritis of the hip is currently lacking however they may be an option if relief is not obtained from first line therapies.

The cost of viscosupplementation injections (\$200 - \$350/treatment course) can limit their use. There is no evidence to support the use of one viscosupplementation product over the other in terms of safety and effectiveness. Check our Medication Guide for more information on this procedure.

[https://arthritis.ca/treatment/medication/medication-reference-guide/medications/viscosupplementation-\(hyaluronan-injections\)](https://arthritis.ca/treatment/medication/medication-reference-guide/medications/viscosupplementation-(hyaluronan-injections))

MEDICATIONS FOR IA



DMARDS

These are a class of medications used to treat inflammatory types of arthritis (IA), such as rheumatoid and psoriatic arthritis. **Persistent joint inflammation (swollen, tender, painful joints) can lead to joint damage if left untreated.** Once a joint is damaged, the damage cannot be reversed, so early treatment is essential. DMARDS work to suppress **inflammation and help to prevent that damage.**

Using two or three DMARDS together is called combination therapy. Combination therapy with two or more DMARDS may be effective when single DMARD treatment is unsuccessful. Some studies suggest that starting therapy with a combination of DMARDS is better than starting with one medication. Your doctor may recommend combination therapy to help treat your **inflammatory arthritis.**



Biologics

Inflammation is one of the immune system's first responses to help fight infection. It also aids the healing process when the body experiences trauma or injury, like when you break a bone. For people with inflammatory arthritis, the immune system is overactive and their body fails to adequately "switch off" the inflammatory response. This inflammation then begins to attack normal body tissues and can cause damage in joint tissues.

Biologic medications work by modifying the body's inflammatory response. By decreasing the immune system's attack on normal tissues, biologics, like conventional DMARDS, can reduce pain, joint inflammation and damage to bones and cartilage. Biologics are only used to treat inflammatory arthritis, not osteoarthritis.

Biologics are typically used when inflammatory arthritis has not adequately responded to treatment with conventional DMARDS. They can be used alone to treat inflammatory arthritis but are often given in combination with DMARDS, most often with methotrexate (MTX).

Combination therapy may work better than treatment with either medication alone, but biologics are never used in combination with each other.

Biosimilars are biologic drugs that are produced by manufacturers after the patent on an original biologic drug expires. Because biologic drugs are very complex molecules produced using living cells, it is not possible to duplicate them exactly. For this reason, different versions of the same biologic drug are called biosimilars, because they are very similar (but not identical) to the original biologic drug.

If you want to learn more about medications for inflammatory arthritis, the following video will give you a quick walk-through of the different categories of treatment typically used to address arthritis **inflammation** and how they are different, paying particular attention to the role of biologics and biosimilars.

If biologics are the right solution for your care, you and your doctor will select the one that is most likely to work. And remember, because biologics have an extremely large molecular structure, they cannot be taken orally. They are administered by injection or infusion.

<https://www.arthritis.ca/treatment/medication/biologics-and-biosimilars>

DRUG APPROVAL PROCESS IN CANADA



Drugs undergo a thorough review process before being available for sale. The Therapeutic Products Directorate (TPD), a division of Health Canada, regulates, evaluates and monitors the safety, usefulness and quality of drugs available to Canadians. These include prescription and non-prescription drugs, vaccines, serums, disinfectants, tissues and organs. The TPD also regulates vitamins, minerals and herbal products if a healing claim is made.

Source: http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/fs-fi/reviewfs_examenfd-eng.php

DRUG APPROVAL

Step One

A drug manufacturer files with Health Canada, detailing:

- drug safety, effectiveness and quality,
- preclinical test results (before testing on humans),
- clinical test result (safety tests in humans),
- health claims of the drug, and
- side effects.

Step Two

Health Canada conducts a thorough analysis of **benefits and risks**.

Step Three

Health Canada reviews the information that will be provided to healthcare professionals and to patients about the drug.

Step Four

If the benefits are deemed to outweigh the risks, Health Canada approves the drug and issues a "Notice of Compliance" (NOC) and a Drug Identification Number (DIN). The drug is now ready to be sold in Canada

Step Five

In the case of selected medications such as biologics, Health Canada may test certain products before and after they have been **authorized to be sold in order to monitor safety, efficacy and quality**.

http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/fs-fi/reviewfs_examenfd-eng.php

ARE SOME DRUGS REVIEWED MORE QUICKLY THAN OTHERS?

Health Canada has a Priority Review Process so that promising medications for life-threatening or severely debilitating conditions can reach market more quickly. For more information visit:

http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/fs-fi/reviewfs_examenfd-eng.php

CAN SOME MEDICATIONS BE OBTAINED PRIOR TO APPROVAL?

Under Health Canada's Special Access Program, a physician may

prescribe a medication not approved for sale in Canada. This is only done when all approved medications have failed to work or the physician believes they are inappropriate for the person. Once Health Canada has determined that the need is legitimate the person is able to access the prescribed medication.

People may also have access to drugs that have not yet been approved through the clinical trial phase of research on the medication. For more information visit http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/fs-fi/reviewfs_examenfd-eng.php

HOW THE HEALTHCARE SYSTEM WORKS



Getting a sense of how our healthcare system works will help you navigate it more easily. This section provides information about the roles of government in the Canadian healthcare system so you can make the most of the available services.

THE FEDERAL GOVERNMENT

Canada's federal government plays many health-related roles. They include:

- setting national principles for healthcare under the *Canada Health Act*,
- **providing financial support to provinces/territories**,
- health protection and safety programs (food safety and nutrition, regulation of pharmaceuticals, medical devices, consumer products and pest management products),
- funding for health research and health promotion,
- disease prevention and surveillance,
- public health programs.

The responsibility for public health is shared among all levels of government. The federal Public Health Agency of Canada acts as a central point for disease prevention and control, and for emergency response to infectious disease. Most public health services are generally delivered at the provincial/territorial and local/municipal levels.

The federal government also funds the healthcare of certain groups of people. They include:

- serving members of the Canadian Forces,
- Royal Canadian Mounted Police,
- eligible veterans,
- refugee protection claimants,
- inmates in federal penitentiaries,
- First Nations people living on reserves, Inuit.

Delivery of services to First Nations people and Inuit includes primary care and emergency services on remote and isolated reserves where no provincial/territorial services are readily available, community-based health programs both on reserves and in Inuit communities, and a non-**insured health benefits** program (drug, dental and ancillary health services) for all First Nations people and Inuit.

THE PROVINCES AND TERRITORIES

The federal government ensures that all healthcare in Canada follows the Canada Health Act. This set of principles guarantees that no matter where you live in Canada, you will receive medically necessary hospital and physician services.

The federal government provides **financial support to provinces and territories to help them deliver** healthcare services. Canadian Provinces and territories must follow the Canada Health Act to receive federal funding in support of healthcare. The Canada Health Act lists **five basic principles**. Universal services must be:

- available to all eligible residents of Canada,
- comprehensive in coverage,
- **accessible without financial and other barriers,**
- portable within the country,
- publicly administered.

The provinces and territories fund and administer **most of Canada's healthcare services**. Each provincial/territorial health insurance plan **covers medically necessary hospital and doctors' services** that are provided free of charge, without deductible amounts, co-payments or dollar limits. These services are paid for from their tax revenues with some funding assistance from the federal government.

Each province/territory decides how to spend its tax revenue and what healthcare services will be covered under its public insurance plan and for which groups. For that reason, services such as home care, therapy and prescription drugs (outside of hospitals) vary across Canada.

Source: Health Canada, Canada's Health Care System, 2005

YOUR GOVERNMENT HEALTH INSURANCE PLAN



When you and your healthcare professionals are discussing your **treatment plan, it's important to consider how treatments that require payment will be paid for. Some arthritis medications can be expensive, and if they aren't covered by insurance, they may be difficult to access.**

Canadians are fortunate to have one of the best healthcare systems in the world, that ensures that no matter where you live, you have access to physician care, hospital visits, treatment while in a hospital, and most diagnostic testing.

But many other things — like prescription drugs, physiotherapy, vision testing, dental care and home care — are not part of our universal healthcare system.

In this section we explore different ways healthcare expenses can be funded.

YOUR GOVERNMENT HEALTH INSURANCE PLAN

Canada's governmental healthcare is commonly known as Medicare. Medicare is legislated federally through the Canada Health Act, which identifies what healthcare services must be funded by the provinces and territories. Your doctor, hospital services and most diagnostic testing fall into this category.

Some provinces or territories fund other healthcare-related expenses such as medication, physiotherapy, glasses, dental and home care, but usually only for particular groups of people. These groups may include seniors, children and youth, people with low income, or those who are receiving social assistance. Some programs are also available to people with certain disabilities or illnesses, for example, people living **with diabetes may be entitled to specific nurse counselling or dietitian counselling as part of a program.** Some regions also pay for in-home or home care services.

If you're not a member of a covered group, you will have to pay for these services another way, either **"from your own pocket" or through a private insurance plan.** Even in cases where your insurance covers your medications or treatments, you will often have to pay a portion of the bill yourself.

HOSPITAL CARE

If you are admitted to hospital, the federal government will pay for the doctor services, medications **and diagnostic tests ordered by the hospital. They also cover the services of “allied healthcare professionals”** — health professionals who are not doctors — when they are required while in hospital.

When you are discharged from the hospital, your coverage may change. Drugs and services that you received free of charge in hospital may become your responsibility. There are considerable differences between provinces/territories in what is covered. The eligibility for public plans is set by whichever government is administering it. Usually, only Canadian citizens and permanent residents are eligible.

Provincial, Territorial and Indigenous Health Plans

Check with your provincial or territorial Ministry or Department of Health for details about your public health insurance plan, what services are covered, and if you are eligible to receive coverage for additional healthcare services. The links below will get you started.

1. First Nations and Inuit

First Nations and Inuit: <https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health.html>

Non-Insured Health Benefits for First Nations and Inuit : <https://www.canada.ca/en/indigenous-services-canada/services/non-insured-health-benefits-first-nations-inuit.html>

2. Alberta

Alberta Health Care Insurance Plan: <http://www.health.alberta.ca/health-care-insurance-plan.html>

Alberta Health and Wellness Prescription Drug Programs:
<http://www.health.alberta.ca/services/drugs-non-group.html>

3. British Columbia

Medical Services Plan of BC: <http://www.health.gov.bc.ca/msp/>

BC PharmaCare General Information: <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents>

4. Manitoba

Manitoba Health: <http://www.gov.mb.ca/health/index.html>

Manitoba Pharmacare Program: <http://www.gov.mb.ca/health/pharmacare/index.html>

5. Northwest Territories

NWT Health and Social Services: <http://www.hss.gov.nt.ca/>

6. Nova Scotia

Medical Service Insurance: <http://novascotia.ca/dhw/msi/>

Nova Scotia Pharmacare: <http://novascotia.ca/dhw/pharmacare/>

7. Nunavut

Nunavut Health Care Plan: <http://gov.nu.ca/health/information/health-insurance>

8. Ontario

Ontario Health Insurance Plan: <http://www.health.gov.on.ca/en/public/programs/ohip/>

Ontario Drug **Benefit Program**:

<http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/odb.aspx>

9. Prince Edward Island

Department of Health and Wellness: <http://www.gov.pe.ca/health/>

PEI Pharmacare: <http://www.healthpei.ca/pharmacare>

10. Québec

Regie de l'assurance maladie du Quebec :

<http://www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/pages/prescription-drug-insurance.aspx>

Prescription drug insurance: <http://www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/prescription-drugs-covered.aspx>

11. Saskatchewan

Prescription Drug Plans and Health Coverage:

<http://www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage>

12. Yukon

Yukon Insured Health Services: <http://www.hss.gov.yk.ca/insuredservices.php>

Yukon Pharmacare and Extended Benefits Program: <http://www.hss.gov.yk.ca/pharmacare.php>

GROUP AND INDIVIDUAL INSURANCE PLANS

Private Group Insurance

Private insurance plans are group plans usually sponsored by an employer, union or association. These plans pay some of the healthcare services not covered by your public plan.

The employer, union or association works either directly with an insurance company, or with a broker or consultant, to design a plan to meet their needs. The insurance company administers the plan and pays the claims made by plan members according to the plan the sponsor has purchased.



If you are part of **a group benefit plan either through your employer, a family member's employer, a union or association**, you typically receive an information booklet or access to a website about the healthcare services that are covered. Services may range from prescription medications to:

- additional hospital coverage (for example, a private hospital room),
- out-of-country coverage,
- services like physiotherapy, counselling, chiropractic,
- provisions for medical cannabis coverage,
- equipment such as eye glasses or orthotics, and
- dental services.

Each plan is different, based on the size of the group, the objectives of the plan sponsor and, of course, the budget. In some cases, your insurance company would provide you with a coverage card to present to your pharmacist or healthcare professional. It will cover all or part of your medication or treatment up-front. In other cases, you will have to pay the bill then make a claim to the insurance company. Remember to always get a receipt.

To learn about what your plan has to offer, review the information provided by your employer and the insurance company. Information about your insurance policy may also be found on the insurance company website in a section dedicated to members. In the case of prescription medications, some insurance companies will offer an online tool so you can check if they are covered.

If you are still unsure if your medication is covered by your private insurance plan, call your insurance company before you go to the pharmacy. Or you can ask your pharmacist — many plans have a web-based service that tells the pharmacist how much is covered and how much you will need to pay.

Individual or Family Plans

If you do not have access to a group benefit plan, it is possible to buy an individual or family health plan. Consult an insurance broker for more details and keep in mind that you can sometimes access an insurance plan through an association or group like the Canadian Association for Retired Persons or the Canadian Automobile Association. This gives you the advantage of a better rate, as the costs are shared over a larger number of plan members.



Coordinating Benefits

If you are covered by more than one benefit plan, you may be able to further minimize the amount you pay. This most often occurs when you and your spouse each have a plan, or when a child is covered by a parental plan, but also has a work plan.



Though they are sometimes tricky to figure out, reviewing your plans can help you decide which benefit plan to submit to first. Whatever portion is left unpaid may be claimed through the second insurer.

You may find that one insurer won't cover a medication or treatment, but another will. Or you may reach the maximum amount you can claim with one company but be able to claim further expenses from the second.

OTHER SOURCES OF FUNDING



If your government or group insurance plan does not cover your medications and treatments, here are some other avenues to consider. Click the plus sign beside each heading to reveal the content.

WORKERS' SAFETY AND INSURANCE BOARD/ WORKERS' COMPENSATION BOARD

Each province and territory has an organization responsible for paying medical costs for workers injured on the job. This may include prescriptions and services such as physiotherapy, occupational therapy and chiropractic treatments. Each provincial or territorial board has its own process for approving claims and covering various medical costs.

PROVINCIAL COMPASSIONATE PROGRAMS

Compassionate programs exist to help Canadians who have high prescription costs compared to their household income. The eligibility criteria vary across these plans. Usually these programs will provide support for the drugs that are listed on that province's or territory's formulary.

PROVINCIAL EXCEPTIONAL ACCESS PROGRAMS

An Exceptional Access Program (EAP) or Special Access Program (SAP) helps patients access drugs that aren't currently listed for coverage on a formulary, or for which there are no alternatives. To apply for the EAP/SAP, your physician must submit a request that documents your medical information and a clinical rationale for requesting the unlisted drug, with reasons why a covered drug is not suitable.

PHARMACEUTICAL COMPANY COMPASSIONATE PROGRAMS

It is worth checking with your doctor about possible programs run by the company that makes the medication that you need. Some companies provide assistance to help offset or reduce your out-of-pocket costs not covered by your public or private drug plan. This is typically made available for expensive drugs, where paying for them yourself could be prohibitive.

PATIENT SUPPORT PROGRAMS

If you take expensive medications, like a biologic, a patient support program may be made available to **help you find funding for the drug**. **Check with your prescribing physician**; they should know if such a program exists for your drug and how to get information.

MEDICATION REIMBURSEMENT SPECIALISTS

If you are struggling with insurance coverage, your prescribing physician, pharmacist or local hospital may be able to direct you to a medication reimbursement specialist. These specialists are situated in **hospitals and pharmacies across the country. Their role is to help you find ways to pay for your medications.** They can:

- review your private insurance plan with you to see what kind of coverage you have;
- assist with navigating insurance and appeals, both with public and private insurers;
- help you apply to patient assistance programs;
- help you apply to provincial or territorial compassionate programs and speed up approval of the application; and
- help you and the prescribing doctor fill out insurance forms.

In some cases, a medication reimbursement specialist can help find coverage for drugs that are not currently covered, by:

- appealing to your provincial or territorial Exceptional Access Program;
- appealing to private insurance; and
- accessing compassionate drug supply programs.

Source: Princess Margaret Hospital : <https://www.uhn.ca/PrincessMargaret#WhatIsA>

TAX CREDITS

Federal health-related tax measures, include:

- **tax credits for medical expenses, disability, caregivers and infirm dependents;**
- tax rebates to public institutions for health services; and
- deductions for private health insurance premiums for the self- employed.

Source: Health Canada, Canada's Health Care System, 2005: <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html>

For detailed information about specific tax credits, visit these sites:

- Information on what a person with a disability can claim on their taxes: <https://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/what-persons-disabilities-claim-a-deduction-credit.html>
- Tax credits and deductions for people with disabilities: <https://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities.html>
- The Disability Tax Credit: <https://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/disability-tax-credit.html>

ADDITIONAL MEDICAL COVERAGE SOURCES

You can print or download our Additional Medical Coverage Sources list to help you research all possible sources of funding for your treatments. https://arthritis.ca/getmedia/44f2b9fb-43a9-4621-a625-e19081cdd179/Additional-Medical-Coverage-Sources_ENG.pdf

KEY TERMS FOR UNDERSTANDING INSURANCE PLANS



Whether you're researching your region's health plan or trying to understand your workplace health insurance forms, it can seem like they're using a different language. Here are some key terms and concepts to help you make sense of it.

Formulary

A formulary is the list of prescription medications or products that are covered under an insurance plan.

A particular drug's inclusion or exclusion from a formulary is determined by evaluating it on certain measures, the most important being:

- efficacy
- safety
- cost-effectiveness

The federal, provincial and territorial governments participate together in a process called the Common Drug Review. An expert committee evaluates new drugs and gives evidence-based recommendations about which should be covered by public **drug benefit plans**.

Once the CDR makes its recommendation, each public drug plan takes the CDR recommendation and **considers its own priorities, mandate and financial resources in order to make the final decisions on coverage**. In Quebec, the Régie de l'assurance maladie du Québec (RAMQ) makes the funding decision.

Often private insurance plans base their formularies on the public plan formulary in their jurisdiction.

Generic Substitution

When a drug is first introduced, it is usually patented by the drug company that developed it. This means that for a period of time, only they can manufacture and sell it.

When the patent expires, other companies can produce generic versions of those drugs. Generic versions of drugs contain the same active ingredients as the brand name drug, but typically cost less.

Many benefit plans (public and private) require the pharmacist to provide you with the least expensive version of the drug, regardless of what was written on your prescription.

There can sometimes be differences between the name-brand and generic versions of drugs. If the generic product has not worked for you, **your doctor can indicate “no substitution” on your prescription.**

The difference in cost may be covered by your plan, or you may be required to pay for it yourself. Sometimes an insurance company will require your doctor to present medical evidence as to why you require the non-generic version of a drug.

Benefit

Payment by insurance company after approving a claim.

Claim

Formal request to the insurance provider **for payment of a benefit.**

Co-insurance

An arrangement in a health insurance plan where you and the insurance company share the cost of the items covered. You usually pay a set percentage (for example, 20 per cent) and the remainder (80 per cent) is paid by the insurance plan.

Co-payment or Co-pay

A predetermined fee a plan member pays for **healthcare services. This amount is usually a flat fee.**

Deductible

The amount that plan members have to pay themselves before the insurance kicks in. For example, you **might have an annual \$500 deductible, meaning you cover the first \$500 for health services** before your insurance company begins to pay. There may also be a set deductible for each prescription drug.

Premium

A fee paid to the insurance company or health plan to provide insurance coverage. Depending on your type of plan, this may be paid, in all or part, by a third party such as your employer.

Plan Member Payments

Additional costs that you, the plan member, may have to pay. If you are part of a health insurance plan, whether public, private or individual, there are likely additional costs you'll have to pay when you **make a claim or seek reimbursement for a benefit.**

ADVOCACY STEP-BY-STEP



The idea of advocacy can be intimidating — **you're already** living a busy life and dealing with arthritis, does advocacy mean you have to go out and be an activist as well?

In fact, everything we've discussed in this section is advocacy — every time you involve yourself in your treatment planning you are advocating for yourself.

Sometimes there are barriers to accessing the treatment you and your treatment team decide is best for you. Decision-makers are faced with many competing demands.

It might feel like there's no point in doing advocacy work unless you are part of a large group, but as an individual voter and taxpayer you have the power to change things. Nobody is in a better position to speak up on an issue that affects you than you. Advocacy can take many forms. It could be as simple as writing a letter. It might involve a face-to-face meeting. It might even mean getting others in a similar situation involved in preparing a petition to present to decision makers.

Your efforts can bring about real, lasting change that can benefit a lot of people. In this section you'll find information to guide you through some simple steps that will help you advocate for coverage for treatment for yourself, a friend, a relative, or a child.

The Arthritis Society Advocacy Toolkit provides a step-by-step guide and downloadable tools to help you along the way. Take Action keeps you informed on key issues of concern for people with arthritis in your community, and across the country, and what you can do to help. <https://www.arthritis.ca/what-we-do/advocacy/self-advocacy-toolkit>

TIP: Are you trying to get funding for a specific medication? Make sure to check here for information about Compassionate Programs, Exceptional Access Programs, Pharmaceutical Company Compassionate Programs, Patient Support Programs and Medication Reimbursement Specialists.



ADVOCACY STEP-BY-STEP

Use our Advocacy Worksheet and follow these simple steps to help you create your plan. <http://www.arthritis.ca/AS/media/pdf/Support%20and%20Education/EN-advocacy-worksheet.pdf>

STEP ONE: IDENTIFY THE ISSUE

Using the Advocacy Worksheet, write down the issue you are facing, and record the journey that has brought you here — the history of the steps you **have taken so far and the healthcare professionals you've spoken to.**

Here's an example:

*"My grandmother was diagnosed with scleroderma five years ago. She receives top-notch care in Toronto, but last year moved to Niagara-on-the-Lake for the better climate **and hasn't been able to find a rheumatologist in her new town.** Her family doctor in Niagara-on-the-Lake is not familiar with scleroderma and as a result, my 86-year-old grandmother has kept her rheumatologist in Toronto and has to travel every two months to Toronto. This is dangerous for her, particularly in the winter months, but the appointments are **absolutely necessary.**"*



STEP TWO: CLARIFY THE ISSUE

The people who make decisions about treatment coverage are often very busy. The key to reaching **them is making sure that they can quickly identify why you're** contacting them and what you require.

Distilling your story into issues that can be addressed is the foundation of your advocacy plan. Determine the most important parts of your story and concentrate on facts.

Using our example:

- *My grandmother's family doctor in her town is not familiar with her condition, scleroderma*
- *My grandmother does not have access to a rheumatologist in her area*

Our Framing Your Issues and Developing Your Messages Worksheet can help you with this process.

A screenshot of a worksheet titled "FRAMING YOUR ISSUES and DEVELOPING YOUR MESSAGES WORKSHEET". The worksheet is divided into several sections: "ISSUES" (with a sub-instruction "Write down and list them your Advocacy Worksheet"), "GOALS" (with a sub-instruction "Write down what you are looking to achieve with your advocacy effort?"), "AUDIENCE'S AGENDA" (with a sub-instruction "Write down what you think your audience has about your issue or agenda, e.g. your political government has a policy to reduce well-being for people with disabilities"), "KEY MESSAGES" (with a sub-instruction "Write down your key messages. Remember, your key messages should be 30 seconds or less!"), and "PUT IT TOGETHER" (with a sub-instruction "Write down how your goal, the audience's agenda, and your key messages can be put together to make a 'win-win' situation for everyone involved in your issue or agenda. Write down your goal, your audience's agenda, and your key messages in the space provided below."). The worksheet is presented on a blue background.

<http://www.arthritis.ca/AS/media/pdf/Support%20and%20Education/EN-framing-your-issues-and-developing-your-messages-worksheet.pdf>

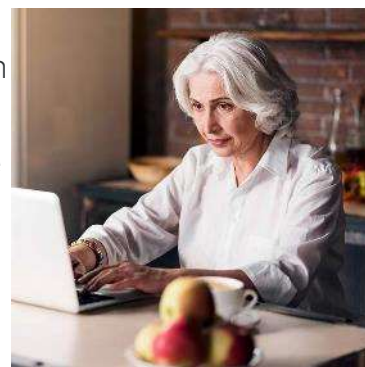
STEP THREE: RESEARCH

Do background research and know the core facts about your issue. Research helps you decide what you want to change, how you will go about it, and who to approach. It can also help you establish that you are not the only one in this situation, which can help bring urgency to an issue.

Using a variety of sources and perspectives helps your credibility and increases the likelihood of success.

Start with the Advocacy Toolkit as it contains:

- possible sources of information,
- types of information you might seek out
- tips for researching your issue.



STEP FOUR: TURNING YOUR ISSUE INTO A GOAL

You've likely thought about potential solutions to your issue. It's now time to develop your advocacy goal. What are you hoping to achieve? What is your "ask"?

In our example, the ask might be funding for travel to and from Toronto, for help getting on a local rheumatologist's patient list, or for the establishment of a rheumatology centre in your region.



No matter what your goal is, it should be:

- Achievable. Make sure your goal is possible to attain and that your audience is able to perform the action you need.
- Measurable. Ensure your goal has an outcome so you will know when it has been achieved.
- Practical. Make sure your goal is realistic.
- Time-Limited. Set a deadline for your goal to guide your planning.

STEP FIVE: KNOW YOUR AUDIENCE

Who has the ability or influence to make the change you are seeking? Determining your audience is a key step in formulating your advocacy plan. Once you have clarified and researched your issue, you need to find the right person or people to approach.



Knowing your audience will help frame your message in a way that will engage the interest of your audience. They may have a special interest in arthritis, personal knowledge of arthritis or dealing with chronic pain, or represent a political party that has taken a stand on your issue in the past. Your audience might be your local provincial representative, your child's school superintendent, a medical specialist, or your employer.

If your issue is about what is covered by your provincial/territorial health insurance plan, the decision makers are your members of provincial/territorial parliament, beginning with your local elected **official, and the Minister responsible for health. You might also consider contacting the 'health critics'** from the other political parties, particularly if an election is coming.

The [Who's Who and Who Does What Chart](#) can help you determine the people in charge of making decisions in your case. Keep in mind the following:



What challenges do they face?

Understanding the challenges your audience may face can help you. Identify any reasons why they might be tempted to say no, and have your responses ready.

What's in it for them?

If you can get them to see why this change would be a good thing for both you and them, you will greatly increase your odds of success. You might explain how funding a treatment you need could reduce costs in other areas by allowing you to remain working and paying taxes.

In our example, you might emphasize that there are many people in your region facing the same issues **and taking action will enhance their political party's image in the next election.**

Follow up and be persistent

Change takes time. Be prepared to be patient, but take steps to make **sure that your issue isn't** forgotten. Always follow up with a thank-you letter and remind them that you are waiting for a response. <http://www.arthritis.ca/AS/media/pdf/Support%20and%20Education/EN-whos-who-and-who-does-what.pdf>

ADVOCATING WITH INSURANCE COMPANIES

If your private health insurance plan doesn't cover your needed treatment, you may want to take the following steps:

GATHER NECESSARY INFORMATION

Make sure you have the following information ready: your benefits policy number, employer's name/policy number, and your doctor's phone number. If you are requesting specific medication, find the drug identification number (DIN)—your doctor can give this to you or you can find it on Health Canada's website. <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp>

KEEP YOUR PLAN SPONSOR INFORMED

If your insurance plan is through your workplace, let your Human Resources manager know what the insurance company told you and explain that your physician considers this treatment vital to your health and well-being. **If your plan's sponsor is a union or association, call your representative and let them know what's happening. They may have had others** in the same situation and might be able to help.

MAKE THE CALL

Call the insurance company's benefits department to confirm that they do not cover the treatment. Ask them why. You could also ask your doctor to call them for you.

Determine if the insurance company has decided not to cover this **particular treatment at all, or if it is specifically excluded by the plan you have. If it's the latter, a plan sponsor has the option of making an exception.**

You can advocate with your plan sponsor to have your treatment covered.

If it is the decision of the insurance company, have your doctor write a letter of appeal, giving the reasons why you need this treatment. If the appeal is rejected, you can contact the insurance **company's ombudsperson to file a complaint and** request reversal of their decision.

CONSULT OTHER PEOPLE IN YOUR POSITION

If you are part of a patient support group or discussion boards or chat rooms, ask if others have had a similar experience. **If you aren't yet part of a group, you may want to look** into local or online communities of other people with arthritis.

STAY IN TOUCH



Thank you for taking a few minutes to [complete our survey at surveymonkey.com/courseveal](https://surveymonkey.com/courseveal). Your feedback will guide the ongoing improvement of our programs to help you and other Canadians better manage your arthritis.

[Sign up to the flourish e-newsletter](#) to receive health and wellness advice, self management tips, inspirational stories and much more to help you move through life with arthritis.

